



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: MICHELE BOIX, et al;.)	Examiner:
)	
Serial No.: Pending)	Group Art Unit:
)	
Filed: Herewith)	
)	
For: METHOD OF STERILIZATION OF)	
POLYMERIC MICROPARTICLES)	Irvine, California
)	

NON-PROVISIONAL PATENT APPLICATION TRANSMITTAL LETTER

Mail Stop: Patent Application
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir/Madam:

Enclosed herewith are the following documents:

- (x) Transmittal Letter – 4 pgs
- (x) Specification (19 pages total) consisting of 39 Claims (3 pgs) Abstract (1 page)
- (x) Drawings (4 sheets) - Color
- (x) Declaration/Power of Attorney not executed
- () Assignment with Recordation Cover Sheet
- () Information Disclosure Statement with cited art
- (x) Return/postage paid Postcard
- (x) Express Mail Certificate No. EV295682188US

Dated: 7/2/03

Brent A. Johnson
 BRENT A. JOHNSON
 Registration No. 51,851

CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10

I hereby certify that the above-identified documents are being deposited with the United States Postal Service on **July 2, 2003** in an envelope as "Express Mail Post Office To Addressee" mailing label number EV295682188US with sufficient postage for Express Mail addressed to MS: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: July 2, 2003

Susan Bartholomew
 Name of person mailing paper
Susan Bartholomew
 Signature of person mailing paper

NEW APPLICATION TRANSMITTAL FORM

To the Assistant Commissioner for Patents:

This is a Request for filing a NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled **METHOD OF STERILIZATION OF POLYMERIC MICROPARTICLES** by the following named inventor:

1	Full Name of Inventor	Last Name: BOIX	First Name: MICHELE	Middle Name:	
	Residence and Citizenship	City: CANTARON	State or Foreign Country: FRANCE	Country Of Citizenship: FRANCE	
	Post Office Address	Post Office Address: 250 Chemin de la Lauvette	City: Cantaron 06340	State or Country: France	Zip Code:
2	Full Name of Inventor	Last Name: SARRAZIN	First Name: CHRISTIAN	Middle Name:	
	Residence and Citizenship	City: PEGOMAS	State or Foreign Country: FRANCE	Country Of Citizenship: FRANCE	
	Post Office Address	Post Office Address: Hameau des Martelly, 7 Allee des Lavandes	City: Pegomas 06580	State or Country: France	Zip Code:
3	Full Name of Inventor	Last Name: HUGHES	First Name: PATRICK	Middle Name: M.	
	Residence and Citizenship	City: ALISO VIEJO	State or Foreign Country: CALIFORNIA	Country Of Citizenship: U.S.A.	
	Post Office Address	Post Office Address: 2 Somerset Drive	City: Aliso Viejo	State or Country: California	Zip Code: 92656

4	Full Name of Inventor	Last Name: DO	First Name: MARINA	Middle Name:	
	Residence and Citizenship	City: MENTON	State or Foreign Country: FRANCE	Country Of Citizenship: FRANCE	
	Post Office Address	Post Office Address: 5, rue de Bres	City: Menton 06500	State or Country: France	Zip Code:
5	Full Name of Inventor	Last Name: MAROTEAUX	First Name: ISABELLE	Middle Name:	
	Residence and Citizenship	City: ANTIBES	State or Foreign Country: FRANCE	Country Of Citizenship: FRANCE	
	Post Office Address	Post Office Address: 601 Chemin des Vieux Brusquets	City: Antibes 06600	State or Country: France	Zip Code:

(X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

(X) Enclosed is a specification of 19 pages, 39 claims (3 pages) and an abstract (1 page).

Oath or Declaration

() Enclosed is a fully executed oath or declaration.

(X) Enclosed is an unsigned oath or declaration.

(X) A self-addressed return postcard is enclosed for verification of receipt.

(X) The filing fee is calculated below:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee (Large entity)			\$750.00	\$750.00
Total Claims	39 minus 20 =	-19-	\$18.00	\$342.00
Independent Claims	5_ minus 3 =	-2-	\$84.00	\$168.00
If application contains any multiple dependent claims, then add			\$280.00	\$.00
TOTAL FILING FEE				\$1260.00

(X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees

(including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.

- () An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.
- (X) New drawing(s) are enclosed 4 sheets.
- () A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.
- () A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.
- () A properly labeled computer readable form of the Sequence Listing accompanies this Application.
- (X) The Power of Attorney in this application is to Brent A. Johnson, Registration Number 51,851.
- (X) The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.
- () A copy of the Request for Extension of Time filed in the prior application is enclosed.


Please address all future communications to:

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2525 Dupont Drive, T2-7H
Irvine, CA 92612
Tel: 714-246-4348 Fax: 714-246-4249

Respectfully submitted,

Date: _____

^{BJ}
1/2/03



Brent A. Johnson
Registration No. 51,851
Patent Agent of Record